



5. Event will be held:  Indoors  Outdoors  Both
6. Location is:  Arena  Bar/Restaurant  Convention Center  
 Private Residence  Fairgrounds  Stadium  
 Racetrack  Office/Business  School  
 Park  Other (describe): \_\_\_\_\_

7. Date(s) of Event: From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_  
 8. Desired Coverage date(s): From: \_\_\_ / \_\_\_ / \_\_\_ To: \_\_\_ / \_\_\_ / \_\_\_

9. If event date(s) differs from desired coverage date(s), explain: \_\_\_\_\_  
 \_\_\_\_\_

10. Event Hours: From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

11. If hours vary by date, describe: \_\_\_\_\_

12. Estimated Total Number of Attendees at This Event: \_\_\_\_\_

13. Gross Receipts from:	Admission Fees:	\$	_____
	Liquor/Beer Sales:	\$	_____
	Food Sales:	\$	_____
	Merchandise:	\$	_____
	Other (describe): _____	\$	_____
	Other (describe): _____	\$	_____
	Total:	\$	_____

**History/Experience:**

14. Number of years event has been previously held: \_\_\_\_\_

15. Has applicant operated or managed this event before?  Yes  No  
 If yes, how many times/years? \_\_\_\_\_

16. If no, has Applicant operated similar events before?  Yes  No  
 If yes, please describe: \_\_\_\_\_

17. Actual total attendance for prior year's event: \_\_\_\_\_

18. Previous Insurer: \_\_\_\_\_

19. Expiring Policy Premium: \_\_\_\_\_

20. Provide Loss Information for prior 5 years (include number of claims and amount) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Entertainment Information:**

21. Will event feature any of the following:
- |                               |  |
|-------------------------------|--|
| Mechanical Rides/Devices?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Inflatable Amusement Devices? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Petting Zoo/Live Animals?     | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fireworks/Pyrotechnics?       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Overnight Camping?            | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If yes to any above, describe exposure and who operates: \_\_\_\_\_
- 
22. Will event feature water hazards?  Yes  No  
If yes, describe: \_\_\_\_\_
23. Will attendees be permitted to swim, boat, jet ski, or fish?  Yes  No  
If yes, describe: \_\_\_\_\_
24. Will event have third-party vendors, exhibitors and/or concessionaires?  Yes  No  
If yes, how many & describe operations: \_\_\_\_\_
- 
25. Are vendors, exhibitors or concessionaires required by contract to carry insurance?  Yes  No  
If no, explain: \_\_\_\_\_
- Do you require/review insurance documents for these entities to occupy premises?  Yes  No  
If no, explain: \_\_\_\_\_
- Are they required to name applicant as an Additional Insured?  Yes  No

**Safety, Security, Medical and First Aid Information:**

26. Type and Number of Security (check all that apply):
- |   |   |
|---|---|
| <input type="checkbox"/> Independent Contractor: _____    | <input type="checkbox"/> Applicant's employees: _____   |
| <input type="checkbox"/> On Duty Police: _____            | <input type="checkbox"/> Off Duty Policy – Armed: _____ |
| <input type="checkbox"/> Off Duty Policy – unarmed: _____ | <input type="checkbox"/> Ushers: _____                  |
| <input type="checkbox"/> Guard Dogs: _____                | <input type="checkbox"/> Other (type and number) _____  |
27. Will there be any of the following on site:
- |                            |  |
|----------------------------|--|
| Medical/First Aid Services | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Fire Fighting Protection   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ambulance Service          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- If yes (to any), describe services provided \_\_\_\_\_
- 
- Is there a formal Emergency Evacuation plan in place?  Yes  No

**Liquor Liability**

28. Is Applicant sole vendor of alcohol at event?  Yes  No
29. Will alcohol be dispensed solely by professional bartenders?  Yes  No
- If no, describe how and by whom alcohol will be dispensed: \_\_\_\_\_

30. Describe training and experience of persons serving alcohol: \_\_\_\_\_

31. What measures are in place to prevent alcohol service to underage and/or intoxicated persons? \_\_\_\_\_

32. If required, does applicant have a valid liquor license?  Yes  No

33. If BYOB (Bring your own Booze) or self-service of alcohol permitted?  Yes  No

34. Is there a Designated Driver Program or escort service provided?  Yes  No

35. **If this is a Concert/Musical Event, complete below:**

a) Name(s) of Performer(s): \_\_\_\_\_

b) Type of music: \_\_\_\_\_

c) Describe any special effects: \_\_\_\_\_

36. **If this is a Parade Event, complete below:**

a) Have local authorities approved parade route and will police secure route?  Yes  No

If no, explain: \_\_\_\_\_

b) Are parade participants permitted to throw souvenirs, candy or other items into the crowd?  Yes  No

c) Describe parade route: \_\_\_\_\_

37. **If this is an Athletic Event, complete below:**

a) Describe athletic event: \_\_\_\_\_

b) Are the athletes professional or amateur? \_\_\_\_\_

38. **If there is a Motor Vehicle Race, Rodeo, Tractor Pull, or Truck Show, complete below:**

a) Is the venue designed specifically for this type of activity?  Yes  No

b) Describe barriers in place to ensure spectator safety (include construction, permanent/temporary, height, distance b/w barriers and spectators): \_\_\_\_\_

c) Will event feature audience participation?  Yes  No

If yes, describe: \_\_\_\_\_

d) Are spectators ever permitted in the pit, infield, or inside barrier?  Yes  No

e) Are transfer areas between animal pens and the competition restricted from the general public?  Yes  No

**NOTICE TO APPLICANT:** The coverage applied for is solely as stated in the policy. If policy is issued on a "CLAIMS MADE" or "CLAIMS MADE AND REPORTED" basis, it provides coverage only for those claims that are first made against the insured during the policy period unless the extended reporting period option is exercised in accordance with the terms of the policy. If issued on an "OCCURRENCE" basis, the policy provides coverage only for those occurrences that take place during the policy period.

The Insurer will rely upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify the Insurer, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

**In New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.**

**In all other states: It is a crime for any person to knowingly provide or facilitate in providing any false, incomplete, or misleading information to an insurance company. Penalties may include fines, imprisonment and denial of insurance benefits.**

**WARRANTY:** I warrant to the Insurer, that I understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy of insurance and deemed incorporated therein, should the Insurer evidence its acceptance of this application by issuance of a policy. I authorize the release of claim information from any prior insurer to James River Insurance Company and its Subsidiaries, 6641 West Broad Street, Richmond, VA 23230.

Applicant's Signature:

Producer's Signature (if applicable):

\_\_\_\_\_  
Applicant's Name (print):

\_\_\_\_\_  
Producer's Name (print):

\_\_\_\_\_  
Date (MM/DD/YY):

\_\_\_\_\_  
Date (MM/DD/YY):